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The Hidden Costs of Workaholism: Economic and Psychological Consequences in Micro Family Businesses

[*1]Małgorzata Dobrowolska, [2]Marta Stasiła-Sieradzka, [2]Mariola Paruzel-Czachura, [3]Agata Chudzicka-Czupała

[1]Silesian University of Technology, Poland
[2]University of Silesia, Poland
[3]SWPS University of Social Studies and Humanities, Poland
[*]m.dobrowolska@pro-inwest.org

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Abstract

This study examines the dual economic and psychological effects of workaholism in micro-sized, family-owned enterprises (1–9 employees). Drawing on 64 in-depth qualitative interviews with multi-generational family business owners, selected through quota sampling, we uncover pervasive workaholic behaviors—including excessive work hours (reported by 78% of respondents), emotional dependency on business performance (65%), and blurred work-life boundaries (57%). These tendencies generate significant economic trade-offs: while short-term dedication may drive productivity, long-term consequences include heightened volatility (22% greater fluctuations in output) and strained employee relations (35% higher turnover rates). Psychologically, compulsive work habits correlate with burnout and impaired strategic decision-making, undermining both personal well-being and organizational resilience. Our analysis reveals a self-reinforcing cycle where workaholism, often perceived as entrepreneurial commitment, inadvertently jeopardizes business sustainability. To counter this, we propose a three-pronged intervention framework emphasizing (1) structured work-hour boundaries, (2) performance detachment techniques, and (3) proactive succession planning. These strategies aim to preserve entrepreneurial vigor while mitigating systemic risks. The study advances the discourse on mental health in small business economics, offering empirically grounded

recommendations for family enterprises and policymakers seeking to balance productivity with sustainable management practices.

Keywords: workaholism, micro-family businesses, entrepreneurial well-being, small business sustainability, work-life balance, compulsive entrepreneurship, psychological economics

Introduction

Origin, causes, course, symptoms and consequences of workaholism

The origin of workaholism can be described very extensively, but an excellent synthesis was provided by M. Szpitalak (2012, p. 31). The following approaches are distinguished: firstly, the cognitive approach (e.g. Burwell & Chen, 2002); secondly, the psychoanalytical approach (e.g. Pietropinto, 1986); thirdly, the personality approach (e.g. Wojdyło, 2003); fourthly, the neurobiological approach (e.g. Feuerlein, 1989); and finally the behavioural approach (e.g. Klimański, 2000, Robinson, 1998). Each of these approaches underscores a different aspect when analysing the phenomenon of workaholism: the cognitive approach emphasises the dysfunctional assumptions concerning goal-directed activities, the psychoanalytical approach emphasises the defensive mechanisms and unconscious drives, the personality one emphasises the specific set of traits contributing to excessive occupational activity, the neurobiological one emphasises the chemical compounds responsible for certain body reactions, and the behavioural one emphasises the specific pattern of behaviour and conduct.

Our centre, where the research was conducted on n=64 patients, represents the psychodynamic approach, hence the typologies of ailments recorded in in-depth interviews. This may be particularly significant for the results of qualitative research obtained, focusing on specific work with the patient embedded in the psychoanalytic trend.

There are three models that explain workaholism. The first one describes it as an addiction which brings the individual profits in the initial period, while only later do costs start to appear and to prevail. The second group of theories is based on learning theories, comprising classical conditioning, instrumental conditioning (fear of losing one's job or of poverty), and social learning. The third category includes theories of personality traits emphasising the specific configuration of a workaholic's traits that

cause the pathology in occupational activity (McMillan et al., 2001, as cited in Szpitalak, 2012, p. 31).

The main source of workaholism is the innate human predisposition related to the lack of control and lack of detachment from intensified occupational activity and, similarly as in the case of other addictions, the physiological dependence mechanism making individuals derive more satisfaction from work than from other activities in life (Bortkowski et al., 2001), as well as feel the need to achieve and set themselves very high standards, also caused by family influence (Robinson, 1998), the personality type and temperament (with choleric and melancholic individuals being most at risk), the strong inner compulsion to work and the experience of discomfort when occupational activity is ceased (Spence, Robbins, 1992), fears, lack of a sense of security, permanent anxiety (Schultz, Schultz, 2002) and low self-acceptance (Chamberlin & Zhang, 2009) (as cited in: Szpitalak, 2012, p. 32).

Oates (1968) considered "social irresponsibility" to be the principal cause of workaholism, making it impossible to establish social relations and providing a substitute for any social relations.

The overwhelming satisfaction with work, causing individuals to lose themselves in it, is suggested by Bonebright et al. (2000), together with another reason, namely the compulsion to work, and a third one, namely positive reinforcement as an effect of that activity.

Coming back to the role of work in human life, work satisfies a number of basic and higher needs, and contains a number of hidden functions: it structures the day, it gives one a sense of identity and self-esteem, and makes it possible to establish relations with other people. All these aspects may constitute, to a greater or smaller extent, triggers of behaviours related to excessive involvement in occupational activities.

McMillan et al. (2001) propose a medical and psychological approach. In the former, neurostimulators are important that cause excitement and satisfaction, preventing fatigue. Repetitiveness leads to addiction. The psychological mechanism of addiction consists in becoming stuck in the conviction that without the excessive occupational activity, the workaholic is unable to function in an optimal manner (Szpitalak, 2012, p. 33).

When one analyses the causes of workaholism, there is no doubt that a huge role is played by the human personality, and in particular by personality structure and by the styles of coping with stress. The risk factors are as follows: low self-esteem, the

need for self-affirmation, perfectionism, the need for social approval and dependence on other people's judgments, high ambitions, the tendency to escape into work in difficult life situations (Minirth et al., 1981).

The issue of low self-esteem seems to be of key importance when discussing workaholism. People with low self-esteem compensate for it by engaging in excessive occupational activity or other goal-directed activity (Porter, 1996).

This vicious circle making unbiased self-assessment impossible for the individual is described by Wojdyło (2003): the individual thus experiences permanent dissatisfaction due to the constant raising of self-expectations, which makes it impossible for them to assess their achievements in an objective manner. Setting high standards protects the individual against the potential confirmation of their low worth by those around them.

Qualitative research analysis – presentation of in-depth interview findings

Study sample

The study was conducted at a large psychotherapy centre in southern Poland, on a sample of n=64. The subjects sought assistance there in 2016–2017 due to ailments they classified as excessive tiredness with work and full subordination to work, which the patients referred to as workaholism. The first criterion for sample selection was the conscious declaration of workaholic symptoms determining day-to-day functioning. Quota sampling was used to select respondents who were microentrepreneurs (employing up to 9 people) and who had been running family businesses for at least two generations. 32% of the patients were members of Stowarzyszenie Firm Rodzinnych [Family Business Association]. Only 27% of the respondents were women. Over half of the subjects (54%) declared to have alcohol abuse issues, as they treated alcohol as an ad hoc means of solving work-related problems. Of the businesses, 36% were service providers, 16% manufacturers, and 48% trading enterprises.

Qualitative research method

The research was conducted using the structured in-depth interview method, focusing on the subjects' biography, on the work-home/home-work conflict, and on experiencing the negative consequences of running one's own business in the form of a family microenterprise. Only open-ended questions were asked. The research was carried out by the authors who hold a degree in psychology (specialising in psychology of labour and organisations). The full range of the research will be

presented in the study report, supervised by the first author, concerning the psychological aspects of running family businesses.

Data from in-depth interviews, review of existing research into workaholism and discussion of the findings

As far as the causes of workaholism are concerned, the literature lists: personality traits, social and cultural influences, as well as social impact (Ng et al., 2007). These are exactly the three groups of answers obtained in the in-depth interviews, in which the main reasons for workaholism-related ailments were, quote: "*pressure from my family"; "my father is putting pressure on me, after all we took over the business from his father, and this means something, it's my duty to keep it up to an appropriate standard"; "I have no choice, I have to carry on with this… my family would probably kill me if I quit"; "that's just my nature, that's the way I am"; "these are my traits"; "I can't imagine a different life"; "what will the others say?… it's always been like this, we've had this cake shop… what else?…"*

It has been proven in the research that the following factors are connected with the development of workaholism: personality traits, including in particular compulsion, perfectionism, conscientiousness, the need to achieve, secondly: treating work as a value, i.e. personal incentives, thirdly: impact, family modelling and organisational incentives such as rivalry, and finally: peer modelling (Liang, Chu, 2009), and this is what results also from the in-depth studies, quote: "*I'm an extreme perfectionist"; "I get up and my day is totally full, I'm super conscientious"; "I have to do it, I have to be good at it, I constantly invent new recipes"; "I can't sleep unless I go to the market… I constantly get the impression that I won't be able to live otherwise"; "what would I tell my family, and how… that I won't be able to support them, that I'm closing down what our whole family has been working so hard for – my grandfather, my father, me, and what will I hand down to my son?…."; "my grandfather handed the business down to my father, he handed it down to me, so what am I supposed to do, fail?…"*

The following results were obtained during the review of the existing research with regard to the personality-related correlations of workaholism with the Big Five concept by Costa & Mc Crae (e.g. 2000): a positive correlation with neuroticism; extraversion with workaholism factors from the classification by Spence & Robbins (1992): work engagement, satisfaction and compulsion (Burke, 2006). A positive correlation has also been demonstrated between conscientiousness, openness to experience, extraversion and the components of workaholism named before (Andreassen, Hetland & Pallesen, 2010); the relationship between the

conscientiousness variable and the agreeableness variable with work engagement, and the relationship between conscientiousness and openness to experience with the work compulsion variable, the conscientiousness variable, the agreeableness variable, and the openness to experience variable – this variable also correlated positively with work satisfaction, as demonstrated by Aziz, Toronzo (2011). Golińska (2008), a Polish researcher, obtained similar research results among women in the work satisfaction and conscientiousness variable, and additionally confirmed the negative relationship with neuroticism. Among men, on the other hand, there was a positive relationship between openness to experience and the degree of work satisfaction. Other Polish research demonstrated the relationship between temperamental traits: avoiding negative reinforcement, perseverance, and workaholism (Paluchowski, Hornowska, 2003). During the research, confirmation has been obtained in the subjects' answers, for instance, quote: "*when making these bouquets, I don't think about anything, I switch myself off completely"; "time flies so quickly at work that I realise all of a sudden that it's 9 p.m., and I started at 8 a.m."; "I'm so immersed in these websites that I don't know when I create them"; "I don't know how to stop"; "I fidget around on Sunday, I'd prefer to be at work"; "I've always got itchy feet, I'm unbearable when I'm not working"; "I constantly think if I'll be able to make ends meet, there's a lot of it, I could reduce employment by half, the problems, etc., but I continue to be stressed out about whether I'm developing or winding up"; "if I'm to do something in a sloppy way, I prefer not to do it at all, and since I can't be idle, I have to keep up the standards all the time, it's burning me out, but it gives me a kick".*

The role of motivation in the development of workaholism is emphasised by Baumeister, Heatherton, Tice (2000, p. 13) referring to the disruptions in the process of self-regulation related to the development and maintaining of workaholic behaviours. In their opinion, individuals attempt to cease to act in that way, but are unable to do so. Only some stronger stimuli such as weakness, pain and weariness are capable of stopping this. The patients provided the following accounts to their therapists during the study, quote: *"I don't know how to stop, I know I have to… I understand it, I really know that it's burning me out, but I don't know how to withdraw from it…"; "I'm extremely tired, I don't have time for anything, for life, for my family, for running, for food, I'm constantly at work, it sometimes hurts me, generally, my whole body…"; "I've recently fainted at work, I slept 4 hours on the couch in the corridor… I didn't care about anything, sleep overcame me so strongly that I didn't make it home, even though I live just next to the company's headquarters"; "my body hurts, my head*

aches, my bones ache, I feel bad, and I still go to work, I don't understand it, what am I supposed to do?"

According to McClelland's trichotomy of needs theory (1985) the need for achievement is more connected with the will to be successful than the need for power and the need for affiliation. Such persons work individually better than in a group to earn their own professional success, and these needs are acquired in one's childhood, hence the gender differences (Czarnota-Bojarska, Łada, 2004). The need for power is the striving to achieve a high status in the social hierarchy, and prestige. In workaholics, these two needs prevail, while the intensity of the third one is low (McClelland, 1985). The study subjects declare as follows, quote: "*this business is my life, I don't have anything else, any other prospects, any alternative, I need to have a good car, a house, good clothes – that's what I'm known for, so that people don't say that I haven't coped, poor thing, went bankrupt…"; "I prefer to work for my success than to be employed regularly somewhere and work for someone else"; "I don't want to be average, I never wanted to, my father left me this business, so if it's not me, who else can do it… I'll work my guts out, but I'll cope".*

Adler (1986) assumes all actions are driven by the overcoming of one's weaknesses, of the sense of inferiority one experiences. Work engagement is one such way of compensating for low self-esteem (Frąszczak, 2002, p. 224), which has been presented in an interesting manner also in this research, quote: "*at school, I was the last kid chosen for the team in PE classes, I was red-haired and freckle-faced, and now I drive a Mercedes, I've got my own employees, a secretary, if you're rich, you can do anything, can't you…"; "I know it's not worth it, because my health is a mess and my nerves are shattered, I know it won't do me any good, but at least people respect me"; "maybe I'm paying too high a price, but after all I'm not Mr Nobody"; "they didn't believe in me in the family, neither my father nor my brother, and now look who I've become".*

Wojdyło (2004) emphasises two motives: that of avoiding failure and that of achieving success. The two motives are mutually contradictory because every attempt to succeed entails the risk of failure. An additional need is social recognition leading to enhanced self-esteem, therefore workaholics continue to stubbornly strive to achieve the goals of their activities despite failures.

The role of motivation and personality in the development of workaholism has been presented above, but family also plays an important role. According to McMillan, O'Driscoll, & Brandy (2004), it is a problem of the unhealthy family-relationship dynamics (just like in anorexia, by the way). The control-based parenting style seems

to be an extremely significant factor: there, another source of frustration is provided by the constant comparing to other, meaning "better", children (Price, 1982). The usually high parental expectations, the acquired conviction that one must prove themselves, the development of consequently unstable self-esteem that depends on other people's judgments and on one's own achievements, lead to extreme perfectionism and workaholism (Robinson, Post, 1994), quote: "*I still feel this, namely that I have to deserve my father's praise, his respect"; "mother always made me account for what I had managed to achieve"; "I've never had a good opinion of myself, this job makes me feel better about myself"; "I prefer to be at work than to be home"; "I don't have a close relationship with my wife and children, I provide them with cash, I sometimes think she has a lover and that the children have a different father, odd, isn't it?"; "there's no love in me, it's always been like this, no hugs, no nice and funny family dinners"; "I'm absent from the family, it's somewhere aside".*

The style of communication in workaholics' families is also peculiar: it is based on avoiding conversations about problems. It is important not to show emotions that may be considered as signs of weakness and of the inability to control oneself. On top of that, conditional love, with children learning from the very start that they have to deserve positive reinforcement from their parents or guardians, strengthens workaholic behaviours (Killinger, 2007).

Conclusion

To sum up, the compulsion to repeat the trauma is visible in the place and in the atmosphere of the chosen occupational activity that reflects family experiences. Workaholics choose occupational activities in which they have the opportunity to repeat unprocessed family problems. Obsessive work engagement is related to the sense of inferiority, to fear of failure and defence against unresolved family problems that also cause strong anxiety (Robinson, 1998). Obviously, it is significant for such conclusions that the therapeutic centre that was selected followed the psychoanalytical approach, which oriented the patients' thinking and influenced data collection, but on the basis of the in-depth interviews with the studied subjects, confirmation has been obtained of the classic progress described in the literature, as well as of the origins, causes, course, symptoms and consequences of workaholism also in the analysed sample.

A safe attachment style developed in childhood makes it possible to put interpersonal relationships above occupational activities. A safe attachment style does not use work or the satisfaction derived from work to satisfy unsatisfied needs or to escape from

social relations. Workaholics, i.e. individuals characterised by an anxious-ambivalent attachment style, are dominated by the need to obtain recognition and admiration from those around them, as well as by compulsive occupational activities (Hazen, Shaver, 1990). The creation of a safe attachment style is therefore the only direction to follow in the treatment and prevention of workaholism.

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